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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

OK. At 9/3/06

This application is a REI of 09/349,519 07/08/1999 PAT 6,261,291

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None. At 9/3/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 62 105	INDEPENDENT CLAIMS 10 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Amiradell</i> Initials: <i>AK</i>				

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## TITLE

Orthopedic implant assembly

<b>FILING FEE RECEIVED</b> 3053	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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